

**SOUTH DAKOTA BOARD OF EXAMINERS FOR  
NURSING FACILITY ADMINISTRATORS**

**APPLICATION FOR INITIAL LICENSURE**

**Licensure requirements: at least a baccalaureate degree in a healthcare field that included a practicum in long-term healthcare administration from a regionally accredited higher education program OR you must complete an Administrator-In-Training (AIT) program of a minimum of 240 hours within six consecutive months. The Administrator-In-Training (AIT) or college practicum must have been completed within the four years preceding the date of this application. Upon making application to the Board, you will be notified whether the AIT is needed and instructed how to complete the AIT program.**

NAME: _____ <small>(Please Print)</small>			
HOME ADD: _____			
Street	City	ST	Zip Code
DATE OF BIRTH: _____		SOC SEC NO: _____	
TELEPHONE NUMBER: _____			
<small>(Home)</small>		<small>(Work)</small>	
FACILITY NAME: _____			
ADDRESS: _____			
Street	City	ST	Zip Code
<u>SD Department of Health Data Questions</u> <i>(please answer)</i>			
Circle Employment Status:		Full-Time?	Part-Time?
Circle Gender Type:		Male?	Female?

**Every applicant for a nursing facility administrator's license is required to submit the following with his/her application:**

- 1) Enclose \$100.00 initial license fee. (An additional fee will be required for writing the state and national tests. *All fees are non-refundable.*)
- 2) Enclose three letters of recommendation from business or professional references.
- 3) Enclose a photo static or certified copy of your birth certificate or equivalent birth verification.
- 4) Enclose college transcripts documenting graduation and degree.
- 5) I am / am not (CIRCLE ONE) currently \$1,000 or more behind in child support payments?
- 6) I have / have not (CIRCLE ONE) ever been convicted of, pled guilty to, or pled no contest to, an offense that could have resulted in incarceration for more than a year.

If yes, please explain on a separate sheet of paper.

**PLEASE COMPLETE THE BACK OF THIS APPLICATION**

7) Have you ever worked in a nursing home/facility: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was it as: \_\_\_\_\_ Administrator/Assistant Administrator  
\_\_\_\_\_ Non-Administrator Position

8) Have you ever been licensed in any other states? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what state? \_\_\_\_\_ How long? \_\_\_\_\_

9) List college/university background. **(Send Transcripts)**

Name of College or University	Location	From	To	Major	Date Graduated
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I am aware that any misstatements of material facts may cause rejection of my application. I have no objection to inquiries being made for the purpose of verifying the statements made herein.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires:  
(SEAL)

Please return this **notarized** application, required attachments, and your non-refundable **check** for \$100.00.

Make check payable to: SD Board of Examiners for NFA  
PO Box 632  
Sioux Falls, SD 57101-0632

If you have questions while completing this application you may call our office at (605) 331-5040 and/or visit [www.state.sd.us/doh/nursingfacility](http://www.state.sd.us/doh/nursingfacility).